



JUVENILE REHABILITATION ADMINISTRATION (JRA)
TRANSFER/DISCHARGE HEALTH SUMMARY
(Medical and Dental)

Attach (check appropriate):

- ☐ Copy of Dental Record
☐ Copy of Immunization Record

This information is critical for the continuity of health care for the children in our institutions. When discharge or transfer occurs, this page, together with the immunization record now required by state law for school attendance should be sent with the child whether they are going to another institution; a group home, a foster home or to their own home. This will give the next person responsible for the child brief, quick access to health problems noted and treated in the institution, on-going care needed and will hopefully be an adequate document to meet the need of various receiving agencies. This would eliminate the need to fill out many different kinds of forms to have needless extra physicals, labs tests or immunization.

Attach additional sheets if necessary.

| | | | |
|--|-------------------------|-----------------------|------------------------------|
| INSTITUTION | | DATE | |
| STUDENT'S NAME | | BIRTH DATE | JRA NUMBER |
| PARENT OR GUARDIAN'S NAME | | WORK TELEPHONE NUMBER | HOME TELEPHONE NUMBER |
| ADDRESS | | | |
| NAME OF HEALTH INSURANCE | | POLICY HOLDER'S NAME | |
| TYPE OF COVERAGE | PATIENT OR GROUP NUMBER | | SOCIAL SECURITY NUMBER |
| DATE OF LAST COMPLETE PHYSICAL (INCLUDE SCREENING) | ADMISSION HEIGHT | WEIGHT | DISCHARGE HEIGHT WEIGHT |
| ACTIVITY CLEARANCE | WEARS GLASSES | | DATE OF LAST EYE EXAM |

Known allergies (foods, medicines, inspections, etc.):

Significant health problems noted prior to admission (include treatment given and where care was given if available):

Significant health problems diagnosed during residence (include dates and treatment):

Health problems requiring further care (include treatments started):

Medications being taken at time of discharge:

| | | |
|-----------|-------|------|
| SIGNATURE | TITLE | DATE |
|-----------|-------|------|

